



## PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Douglas K. Medema;  
 William E. Saltzstein;  
 Robert A. Niskanen;  
 Richard C. Nova

Filed: Herewith Customer No.: 28863

Docket No.: 1023-180US02

Title: METHOD AND SYSTEM FOR LOCATING A PORTABLE MEDICAL DEVICE

22278 U.S.P.T.O.  
10/749573CERTIFICATE UNDER 37 CFR 1.10:

"Express Mail" mailing label number: EV 395707174 US  
 Date of Deposit: December 31, 2003

I hereby certify that this paper or fee is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Commissioner for Patents, Alexandria, VA 22313-1450.

By: Angela S. Watson  
 Name: Angela S. Watson

CONTINUATION APPLICATION UNDER 37 C.F.R. § 1.53

Mail Stop Patent Application  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

This is a request for filing a continuation application under 37 CFR § 1.53 of Serial No. 09/919,783, filed on July 31, 2001, entitled METHOD AND SYSTEM FOR LOCATING A PORTABLE MEDICAL DEVICE by the following inventor(s):

<b>Full Name Of Inventor</b>	<b>Family Name</b>	<b>First Given Name</b>	<b>Second Given Name</b>
	Medema	Douglas	K.
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<b>Full Name Of Inventor</b>	<b>Family Name</b> Saltzstein	<b>First Given Name</b> William	<b>Second Given Name</b> E.
<b>Residence &amp; Citizenship</b>	<b>City</b> Woodinville	<b>State or Foreign Country</b> Washington	<b>Country of Citizenship</b> United States of America
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<b>Full Name Of Inventor</b>	<b>Family Name</b> Niskanen	<b>First Given Name</b> Robert	<b>Second Given Name</b> A.
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Transmittal sheet containing Certificate of Mailing  
 Continuation Patent Application: Spec. 19 pgs; Claims 10 pgs; Abstract 1 pg.  
 Copy of signed Combined Declaration and Power of Attorney (4 pgs.)  
 Copy of signed Revocation and Power of Attorney (2 pgs.)  
 The filing fee is calculated below:

#### CLAIMS AS FILED

Number of Claims Filed	In Excess of:	Extra	Rate	Fee
Basic Filing Fee				\$770.00
Total Claims				
59	20	39	x \$18.00 =	\$702.00
Independent Claims				
5	3	2	x \$86.00 =	\$172.00
<b>MULTIPLE DEPENDENT CLAIM FEE</b>				
<b>TOTAL FILING FEE</b>				<b>\$1644.00</b>

Payment of fees:  
 Check in the amount of \$ \_\_\_\_\_.  
 Please charge Deposit Account No. 50-1778.  
 Under 37 CFR § 1.53(f), no filing fee is being paid at this time.

The Commissioner is hereby authorized to charge any additional fees as set forth in 37 CFR §§ 1.16 to 1.18 which may be required by this paper or credit any overpayment to Deposit Account No. 50-1778.

A set of formal drawings (5 sheets) is enclosed.

The prior application is assigned of record to Medtronic Physio-Control Manufacturing Corp.

The Power of Attorney in the prior application is to:

Shumaker & Sieffert, P.A.  
8425 Seasons Parkway, Suite 105  
St. Paul, MN 55125

Address all future communications to Practitioners at Customer Number 28863.



28863

PATENT TRADEMARK OFFICE

A return postcard is enclosed.

Date:

12/31/03

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By:

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